Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 **Phone #: (608) 266-2112**

APPLICANT - PLEASE COMPLETE THIS SECTION:

1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://www.drl.state.wi.us

PHARMACY EXAMINING BOARD

<u>VERIFICATION OF</u> PRACTICAL EXPERIENCE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY THE VERIFYING BOARD OR AGENCY IN THE STATE IN WHICH THE PRACTICAL EXPERIENCE WAS ACQUIRED AND RETURNED TO THE PHARMACY EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(7) Definition

(7) "Practical experience internship" means practical experience acquired in another state which is comparable to an internship as described in subs. (1), (3), (6) and (8).

Wis. Admin. Code § Phar 17.06 Practical experience internship. There is no restriction in the number of hours earned in a practical experience internship. In determining comparable practical experience the board shall consider the duties performed constituting the practice of pharmacy as described in s. 450.01(16), Stats.

This form may be copied and additional copies submitted if necessary

		Date of Graduation	
		/ /	
Name (First, Middle, Maiden, Last)			
	Allow (Court Cir. Court 71)		
Add	Address (Street, City, State, Zip)		
	Practical Experience verification- This verifies that the applicant has been granted		
	experience or internship credit by this board or agency in this state in one or more of the	following areas of pharmacy practice:	
1.			
2.	Compounding, packaging, labeling, dispensing and the coincident distribution of drugs and devices, participating in drug utilization reviews.		
3.	Proper and safe storage of drugs and devices and maintaining proper records of the drugs and devices.		
4.	Providing information on drugs or devices, which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.		
5.	Drug product substitution under applicable state and federal law.		
6.	Supervision of pharmacist supportive personnel.		
7.	Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and by an individual physician for his or her patients for the period of each patient's stay within the hospital.		
8.		creening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect	
	duration of treatment, drug allergy reactions and clinical abuse or misuse.		
9.			
10.			
State	State Board or Agency	Date	
By:_	By:(title)		
#25	#2537 (10/02)		
Ch.	Ch.450, Stats.		